

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Connell 35175  
State File No. 3224

FILED OCT 23 1948

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 3224

1. PLACE OF DEATH

(a) County St Louis  
(b) City or town Maryland Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 173 Franke  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)  
In this community 3 years

3. (a) PRINT FULL NAME WILLIAM THOMAS NETTLES

3. (b) If veteran name war None 3. (c) Social Security No. 429-20-0033

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Della Mae 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased October 27 (Month) (Day) (Year) 1882

8. AGE: Years 65 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Paragould Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business retired

12. Name Thomas Jefferson Nettles

13. Birthplace Waverly Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Maria Wamack Applewhite

15. Birthplace Waverly Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Lidia Mae Smith

(b) Address 173 Franke Maryland 46

17. (a) Removal (b) Date thereof Sept 22 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Paragould Arkansas

18. (a) Signature of funeral director Bearman Brothers Inc

(b) Address 504 Woodson Orlando 14 Fla

19. (a) 1-22-48 (b) Cecilia Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96  
(c) City or town Maryland Heights 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 123 Franke 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1948 hour 9:50 minute 0 M.

21. I hereby certify that I attended the deceased from 8/6 to 9/21 1948  
that I last saw him alive on 9/21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bermy's Disease Duration 25 yr

Due to Chronic Myeloid yr

Due to Chronic Schistosoma yr

Other conditions 61

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify means of injury)

23. Signature John Connell (M. D. or other)

Address 10302 Franklin Rd Date signed 9/22/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Oscar F. Mueller*

Licensed Embalmer No. 3039

P. O. Address Overland Park, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**